

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000143291

**Entity Name:** ADVANTIS PHYSICIAN ALLIANCE, LLC

**Current Principal Place of Business:**

4960 SW 72 AVENUE  
SUITE 303  
MIAMI, FL 33155

**Current Mailing Address:**

P O BOX 14-4176  
CORAL GABLES, FL 33114 US

**FEI Number:** 47-1831812

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STEIN, RAGNIER  
4960 SW 72 AVENUE  
SUITE 303  
MIAMI, FL 33155 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** PEDRO CAMACHO III

03/29/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name STEIN, RAGNIER  
Address 4960 SW 72 AVENUE  
SUITE 303  
City-State-Zip: MIAMI FL 33155

Title AMBR  
Name QUIRANTES, RAMON  
Address P O BOX 14-4176  
City-State-Zip: CORAL GABLES FL 33114

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAMON QUIRANTES

AMBR

03/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date